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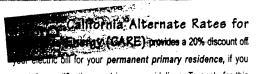
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Southern California Edison California Alternate Rates for Energy P O BOX 6400 Rancho Cucamonga CA 91729-9824



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meet the qualifications and income guidelines. To apply for this

discount, please complete and mail this application. You will receive the discount beginning on the next

bill after your completed, signed application is received and approved by Edison.



Maximum Household Income (Ingreso Maximo en el Hogar) Effective as of June 1, 2002 **Total Combined** in Household Annual Income \$22,600 1-2 3 26,600 32,000 Add \$5,400 for each additional person.

170

Tear off. <u>ج</u>

Edison Service Account No

(No. de Cuenta de Servicio de Edison)

Number of persons in my household (Nº de personas en el hogar): Total combined annual household income (Ingressos totales ai año):

CARE APPLICATION

Entire application must be completed and signed. Application effective as of June 1, 2002.

I certify: · I will notify Edison if I no longer qualify for this rate. · The Edison bill is in my name. · I understand Edison reserves the right to verify my · I am not claimed on another person's income tax return. household's income. · I will renew my application when requested by Edison. For CARE, the definition of "gross (before taxes) household income" is all money and noncash benefits, available for living expenses, from all sources, both taxable and nontaxable, before deductions, including expenses, for all people who live in my home. This includes, but is not limited to, the following: Please check () ALL sources of your income. Disability payments ☐ TANF (AFDC) Wages or salaries Rental or royalty income Workers' compensation ☐ Food stamps ☐ Interest or dividends Scholarships, grants, or ☐ Child support ☐ Social Security, SSI, savinos accounts. other aid used for living ☐ Cash stocks or bonds, or expenses Pensions ☐ Other income retirement accounts ☐ Profit from self-Insurance settlements Spousal support Unemployment employment (IRS Form 1040, Schedule C, ☐ Legal settlements benefits PLEASE PRINT CLEARLY (Favor de Imprimir con Claridad) Your Name, as shown on Edison bill (Su Nombre) Your Home Address (Su Domicilio) City (Ciudad) ZIP (Codigo Postal) Work Telephone (Teléfono de su traba

See income limits above. I state that the information I have provided in this application is true and correct. I agree to provide proof of income, if asked. I agree to inform Southern California Edison if I no longer qualify to receive the discount. I understand that if I receive the discount without meeting the qualifications for it, I may be required to pay back the discount I received. I understand that Southern California Edison can share my information with other utilities or their agents to enroll me in their

Your Gas Company Account No.

Cuenta de Servicio de su Compañía de Gas) Adults (Adultos) Children (Niños)

Total